

FCC Form 498

OMB 3060-0824

Service Provider Identification Number and General Contact Information Form

Estimated Average Burden Hours Per Response: 1.5 hours

FCC Form 498 is used to collect contact and remittance information for service providers that receive support from the Federal universal service support programs. For greater flexibility, this form allows service providers to use the same general contact information for all their contacts and the same remittance data collected for each of the four programs or multiple contact and remittance information. Please report any changes to this information on a revised FCC Form 498 to prevent any delays in notification and the timeliness of disbursements. Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Please read Instructions, located at: <http://usac.org/sp/tools/forms.aspx>, before beginning this application.

Please check one box below

See Instruction Section III.A

☒ Original Application for SPIN
☐ Request for SPIN Merger/Consolidation

☐ Revision to existing FCC Form 498 on file with USAC
☐ Request for SPIN Deactivation

Service Provider Identification Number (SPIN)

(To be inserted by USAC for first time applicants. Required for subsequent revisions.)

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499 Filer ID

8 2 6 3 5 0

(Required if your company is required to file the FCC Form 499)

See Instruction Section III.A

Block 1: General Company Information [All Fields REQUIRED]

See Instruction Section III.B

1 Antilles Wireless LLC

Company Name

2 DBA USA Communications

Name Company is Doing Business As (DBA) or Formerly Known As (FKA)

3 ☒ Check this Box if the Company is part of or maintains affiliate companies and complete page 2.

4 920 E 56th Street Suite B

Street Address

5

Address Line 2

6 Kearney

City

7 NE

State

8 68847

Zip Code + 4

Block 2: General Contact Information [All Fields REQUIRED]

See Instruction Section III.C

9 First: Stuart

Middle Initial:

Last: Gilbertson

10 COO

General Contact (Company Preparer Name)

Title

11 (308) 236-1512

Phone Number

Ext.

12 (308) 698-1429

Fax Number

13 920 E 56th Street Suite B

Street Address

14

Address Line 2

15 Kearney

City

16 NE

State

17 68847

Zip Code + 4

18 stuart@usa-companies.net

E-mail Address

Block 3: Federal EIN, DUNS and FCC Registration Number [All Fields REQUIRED]

See Instruction Section III.D

19 470799226

Enter Federal Employer Identification Number
(Federal EIN or Tax ID Number)

20 ☐ Corporation ☐ Partnership ☒ Other
 (Check applicable corporate structure.)

21 090013488

Enter Dunn and Bradstreet Number (DUNS)

22 0003777927

FCC Registration Number (CORES ID)

This is a Supplemental Page for Companies with Affiliate Relationships

Block 4: Affiliate Company Information

See Instruction Section III.E

Please list all companies with which this SPIN is affiliated. The term "affiliate" means a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person. For purposes of this paragraph, the term "own" means to own an equity interest (or the equivalent thereof) of more than 10 percent.

Affiliate SPIN Number

Affiliate Company Name

143 033218

Cable Nebraska LLC

143 027012

Cable Montana LLC

(Attach additional copies of this page if necessary)

This page is for High Cost Program participants only.

For more information about the High Cost Program, please refer to: <http://www.usac.org/hc/>

Block 5: High Cost Support Financial Institution and Remittance Information [ALL Fields REQUIRED]

See Instruction Section III.F

☐ Check this box to discontinue use of this SPIN for High Cost Support.

Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.

☐ Check this box if this information is the same as the General Contact information (Block 2) and complete lines 33-35.

23 Remittance Company Name, if different from Company Name

24 First: Middle Initial: Last: 25 Title
Remittance Contact Name - Statements will be sent to Remittance Contact's attention

26 Remittance Contact Address

27 Address Line 2

28 City 29 State 30 Zip Code + 4

31 () 32 ()
Phone Number Ext Fax Number

33 Remittance Financial Institution for ACH or locked box transfer of funds (required)

34 Financial Institution Account Number for ACH (required) 35 ACH Financial Institution Transit Number - must be nine digits (required)

36 E-mail Address of Remittance Contact (Required if participating in the High Cost Program)

Block 6: Company Contact for High Cost Support

See Instruction Section III.G

☐ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 7.

37 First: Middle Initial: Last: 38 Title
Contact Name for High Cost Program
(Must be a company employee or designated representative)

39 Contact Address for High Cost Program

40 Address Line 2

41 City 42 State 43 Zip Code + 4

44 () 45 ()
Phone Number Ext Fax Number

46 E-mail Address of High Cost Program Contact

This page is for Low Income Program participants only.

For more information about Low Income Support, please refer to: <http://www.usac.org/li/>

Block 7: Low Income Support Financial Institution and Remittance Information [All Fields REQUIRED]

See Instruction Section III.H

☐ Check this box to discontinue use of this SPIN for Low Income Support.

Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.

☐ Check this box if this information is the same as the General Contact Information (Block 2) and complete lines 57-59.

47 Remittance Company Name, if different from Company Name

48 First: Middle Initial: Last: 49
Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

50 Remittance Address

51 Address Line 2

52 City 53 State 54 Zip Code + 4

55 () 56 ()
Phone Number Ext Fax Number

57 Remittance Financial Institution for ACH or locked box transfer of funds (required)

58 Financial Institution Account Number for ACH (required) 59 ACH Financial Institution transit Number - must be nine digits (required)

60 E-mail Address of Remittance Contact (Required if participating in the Low Income Program)

Block 8: Company Contact for Low Income Support

See Instruction Section III.I

☐ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 9.

61 First: Middle Initial: Last: 62
Contact address for Low Income Program Title
(Must be a company employee or designated representative)

63 Contact Address for Low Income Program

64 Address Line 2

65 City 66 State 67 Zip Code + 4

68 () 69 ()
Phone Number Ext Fax Number

70 E-mail Address of Low Income Program Contact

This page is for Rural Health Care Support participants only.

For more information about Rural Health Care Support, please refer to: <http://www.usac.org/rhc/>

Block 10: Rural Health Care Support Financial Institution and Remittance Information [ALL Fields REQUIRED]

See Instruction Section III.K

☐ Check this box to discontinue use of this SPIN for Rural Health Care Support.

Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.

☒ Check this box if this information is the same as the General Contact Information (Block 2) and complete lines 81-83.

71 Remittance Company Name, if different from Company Name

72 First: Middle Initial: Last: 73
Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

74 Remittance Address

75 Address Line 2

76 City 77 State 78 Zip Code + 4

79 () 80 ()
Phone Number Ext Fax Number

81 Wells Fargo Bank
Remittance Financial Institution for ACH or locked box transfer of funds (required)

82 4121427454 83 121000248
Financial Institution Account Number for ACH (required) ACH Financial Institution transit Number - must be nine digits (required)

84 Stuart@usa-companies.net
E-mail Address of Remittance Contact (Required if participating in the Rural Health Care Program)

Block 11: Company Contact for Rural Health Care Support

See Instruction Section III.L

☒ Check this box if this information is the same as the General Contact Information (Block 2) and continue on to Block 12.

85 First: Middle Initial: Last: 86
Contact Name for Rural Health Care Program Title
(Must be a company employee or designated representative)

87 Contact Address for Rural Health Care Program

88 Address Line 2

89 City 90 State 91 Zip Code + 4

92 () 93 ()
Phone Number Ext Fax Number

94 E-mail Address of Rural Health Care Program Contact

This page is for Schools and Libraries Program participants only.

For more information about the Schools and Libraries Program, please refer to: <http://www.usac.org/sl/>

Block 12: Schools and Libraries Support Financial Institution and Remittance Information [ALL Fields REQUIRED]

See Instruction Section III.M

☐ Check this box to discontinue use of this SPIN for Schools and Libraries Support.

Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.

☒ Check this box if this information is the same as the General Contact information (Block 2) and complete lines 105-107.

95			
Remittance Company Name, if different from Company Name			
96 First:	Middle Initial:	Last:	97
Remittance Contact Name - Statements will be sent to Remittance Contact's attention			Title
98			
Remittance Address			
99			
Address Line 2			
100	101	102	
City	State	Zip Code + 4	
103 ()	104 ()		
Phone Number	Ext	Fax Number	
105 Wells Fargo Bank			
Remittance Financial Institution for ACH or locked box transfer of funds (required)			
106	107		
4121427454	121000248		
Financial Institution Account Number for ACH (required)		ACH Financial Institution Transit Number - must be nine digits (required)	

Alternative Banking Information for the payment of Billed Entity Applicant Reimbursements

☒ Check this box if you wish to use the same banking information as listed in lines 105-107.

108			
Remittance Financial Institution for ACH or locked box transfer of funds (required)			
109	110		
Financial Institution Account Number for ACH (required)	ACH Financial Institution Transit Number - must be nine digits (required)		
111			
stuart@usa-companies.net			
E-mail Address of Remittance Contact (Required if participating in the Schools and Libraries Program)			

Block 13: Company Contact for Schools and Libraries Support

See Instruction Section III.N

☒ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 14.

112 First:				Middle Initial:	Last:	113
Contact Name for Schools and Libraries Program					Title	
(Must be a company employee or designated representative)						
114						
Contact Address for Schools and Libraries Program						
115						
Address Line 2						
116	117	118				
City	State	Zip Code + 4				
119 ()	120 ()					
Phone Number	Ext	Fax Number				
121						
E-mail Address of Schools and Libraries Program Contact						

Disbursement Offsets and Healthcare Connect Certification

Block 14: Offsetting Disbursement Payments Against Federal Universal Service Contribution Obligations For Rural Healthcare Participants

See Instruction Section III.O

The following information pertains only to telecommunications companies participating in the Rural Health Care Program. In accordance with FCC rule section 54.679 regarding Rural Health Care payments, a telecommunications company may choose to offset its payment against its Federal universal service contribution. A telecommunications company must have an FCC Form 499 Filer ID number in order to offset its Rural Health Care Program payments against its Federal universal service contribution. In order to obtain an FCC Form 499 Filer ID number, visit <http://www.usac.org/cont/tools/forms/default.aspx> and select FCC Form 499. You do not need an FCC Form 499 Filer ID in order to be issued a SPIN.

- 122 ☐ Yes, I want my Rural Health Care Program disbursement payments to be offset against my Federal universal service contribution obligations. This box must be checked in order to receive offsets. The Default is "No."

Block 15: Certification to Assist Health Care Providers

See Instruction Section III.P

In accordance with FCC rule section 54.640(b), service providers participating in the Healthcare Connect Fund must certify, as a condition of receiving support, that they will provide to health care providers, on a timely basis, all information and documents regarding supported equipment, facilities, or services that are necessary for the health care provider to submit required forms or respond to FCC or USAC inquiries. USAC may withhold disbursements to the service provider if the service provider, after written notice from USAC, fails to comply with this requirement.

- 123 ☐ I certify, as a condition of receiving support under the Healthcare Connect Fund, that the above-named service provider will provide to health care providers, on a timely basis, all information and documents regarding the supported equipment, facility(ies), or service(s) that are necessary for the health care provider to submit required forms or respond to FCC or USAC inquiries.

Block 16: Offsetting Disbursement Payments Against Federal Universal Service Contribution Obligations For Schools and Libraries Participants

See Instruction Section III.Q

The following information pertains only to telecommunications companies participating in the Schools and Libraries Program. In accordance with FCC rule section 54.515 regarding Schools and Libraries Program payments, a telecommunications company may choose to offset its Schools and Libraries Program payment against its Federal universal service contribution. A telecommunications company must have an FCC Form 499 Filer ID number in order to offset its Schools and Libraries payments against its Federal universal service contribution. In order to obtain an FCC Form 499 Filer ID number, visit <http://www.usac.org/cont/tools/forms/default.aspx> and select FCC Form 499. You do not need an FCC Form 499 Filer ID in order to be issued a SPIN.

- 124 ☐ Yes, I want my Schools and Libraries Program disbursement payments to be offset against my Federal universal service contribution obligations. This box must be checked in order to receive offsets. The Default is "No."

Service Identification

Block 17: Principal Communications Types [REQUIRED Field]

See Instruction Section III.R

Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance -- see instructions.

- | | |
|---|---|
| <input type="checkbox"/> Audio Bridging Provider | <input checked="" type="checkbox"/> 4 Interconnected VoIP |
| <input checked="" type="checkbox"/> 1 Coaxial Cable | <input type="checkbox"/> Paging and Messaging |
| <input type="checkbox"/> Non-Interconnected VoIP | <input type="checkbox"/> SMR (Dispatch) |
| <input type="checkbox"/> Private Service Provider | <input type="checkbox"/> Shared-Tenant Service Provider |
| <input type="checkbox"/> Toll Reseller | <input type="checkbox"/> Cellular/PCS/SMR |
| <input type="checkbox"/> Incumbent LEC | <input type="checkbox"/> Interexchange Carrier |
| <input type="checkbox"/> Operator Service Provider | <input type="checkbox"/> Payphone Service Provider |
| <input type="checkbox"/> Satellite Service Provider | <input type="checkbox"/> Local Reseller |
| <input checked="" type="checkbox"/> 3 Wireless Data | <input checked="" type="checkbox"/> 2 Internet Service Provider |
| <input type="checkbox"/> CAP/CLEC | <input type="checkbox"/> Non-Traditional Provider (NTP) |

Officer Certification**Block 18: Authorized Contact Signature [All Fields REQUIRED]**

See Instruction Section III.S

I certify that I am an officer of the above-named service provider, that I am authorized to submit this FCC Form 498 on behalf of the above named service provider, and that to the best of my knowledge, the data set forth in this form is true, accurate, and complete.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, as amended, 47 U.S.C. Secs. 220(e), 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Company Officer Information

☒ Check this box if this information is the same as the General Contact information (Block 2)

Signature of the Company Officer

Date

First:

Stuart

Middle Initial:

Last:

Gilbertson

Printed Name

Coo

stuart@usa-companies.net

Title

E-mail address

Notice: The Federal Communications Commission (the Commission) has designated the Universal Service Administrative Company (USAC) as administrator of Federal universal service. One of the functions of USAC is to provide a mechanism for the billing, collection, and disbursement of funds for the various Federal universal service programs. In an effort to implement these requirements and obligations, the Commission has adopted this collection of information. Pursuant to the Commission rules, 47 C.F.R. §§ 54.301, 54.303, 54.307, 54.309, 54.311, 54.407, 54.413, 54.515, 54.611, 54.702, 54.802, and 54.902, USAC must obtain information relating to service provider name and address, telephone number, Federal employee identification number, contact names and telephone numbers, and billing and collection information. Each service provider receiving Federal universal service support from the High Cost, Low Income, Rural Health Care, or Schools and Libraries Programs, should complete the FCC Form 498. USAC will use this information in administering the billing, collections, and disbursement operations of the Federal universal service programs.

Reminder: You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0824.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide for the Federal universal service billing, collections, and disbursement purposes. If we believe there may be a violation or a potential violation of a state or Federal statute, or of a Commission regulation, rule, or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your application may be disclosed to the Department of Justice, a court, or adjudicative body when (a) the Commission; or (b) any employee of the Commission; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies, and/or your employer to offset your salary, IRS tax refund, or other payments to collect that debt. The Commission may also provide the information to these agencies through the matching of computer records where authorized.

If you do not provide the information we request on the form, the Commission may delay processing of your application, or may return your application without action.

This Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. 3501 et seq. We have estimated that each response to this collection of information will take, on average, 1.5 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form for response. If you have any comments on this estimate, or how we can improve the collections and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Washington D.C. 20554, Paperwork Reduction Project (3060-0824). We will also accept your comments via Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Mail this signed form to:

USAC Customer Operations, Forms Processing
2000 L Street, N.W., Suite 200
Attn: FCC Form 498
Washington, DC 20036

Questions?

See the FCC Form 498 Instructions found at <http://usac.org/sp/tools/forms.aspx>Use this form for:

- New application for a Service Provider Identification Number
- Revision to existing Service Provider data currently on file with USAC
- Merger or Consolidation of Existing Service Provider Identification Number (Additional documentation is required, please see page 2 of the instructions)
- Deactivation of a Service Provider Identification Number (Please see page 2 of the instructions)

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

USAC Customer Operations, Forms Processing

2000 L Street, N.W. Suite 200

Attn: FCC Form 498

Washington, DC 20036

2. Article Number

(Transfer from service label)

7011 1570 0000 0909 8592

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL™



7011 1570 0000 0909 8592
7011 1570 0000 0909 8592

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To

USAC Customer Operations Forms Processing

Street, Apt. No., or PO Box No.

2000 L Street, N.W. Ste 200

City, State, ZIP+4

Washington DC 20036

PS Form 3800, August 2003

See Reverse for Instructions

Attn: FCC Form 498

Wendy Clabaugh

From: Stuart Gilbertson [stuart@cablene.com]
Sent: Thursday, July 31, 2014 3:33 PM
To: Wendy Clabaugh; Amber Reineke
Subject: Fwd: You Have Been Added to SPIN 143042919 as the General Contact

Begin forwarded message:

From: <form498@universalservice.org>
Subject: You Have Been Added to SPIN 143042919 as the General Contact
Date: July 31, 2014 2:21:01 PM CDT
To: <stuart@usa-companies.net>



GENERAL CONTACT SPIN ASSIGNMENT NOTIFICATION FROM USAC

Your e-mail address was listed as the General Contact on a recently approved Form 498. The form details are:

SPIN	143042919
Company Name	Antilles Wireless
Date Approved	7/31/2014 3:20:43 PM

To view or revise your company's Form 498, or to request a new SPIN, go to the USAC [E-File System](#) and log in.

As General Contact you are permitted to make revisions to Form 498, **but the Company Officer listed in Block 15 must certify any revisions.**

If you have any questions, please contact USAC at **888-641-8722** or CustomerSupport@usac.org. You may also visit us at www.usac.org/fund-administration.

Note: Use of your USAC Online account is optional. If you don't want to use your account, and don't want to receive further e-mails about your account, you can [Unsubscribe](#).

NEED MORE INFORMATION?

- **Obtain a Service Provider ID Number**
- **Revise Your SPIN**
- **Form 498 Requirements**

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Wendy Clabaugh

From: Stuart Gilbertson [stuart@cablene.com]
Sent: Thursday, July 31, 2014 3:33 PM
To: Wendy Clabaugh; Amber Reineke
Subject: Fwd: You Have Been Added to SPIN 143042919 as a Company Officer

Begin forwarded message:

From: <form498@universalservice.org>
Subject: You Have Been Added to SPIN 143042919 as a Company Officer
Date: July 31, 2014 2:20:45 PM CDT
To: <stuart@usa-companies.net>



OFFICER SPIN ASSIGNMENT NOTIFICATION FROM USAC

Your e-mail address was listed as the Company Officer on a recently approved Form 498. The form details are:

SPIN	143042919
Company Name	Antilles Wireless
Date Approved	7/31/2014 3:20:43 PM

To view or revise your company's Form 498, or to request a new SPIN, go to the USAC [E-File System](#) and log in.

If you have any questions, please contact USAC at **888-641-8722** or CustomerSupport@usac.org. You may also visit us at www.usac.org/fund-administration.

Note: Use of your USAC Online account is optional. If you don't want to use your account, and don't want to receive further e-mails about your account, you can [Unsubscribe](#).

NEED MORE INFORMATION?

- [Obtain a Service Provider ID Number](#)
- [Revise Your SPIN](#)

- **Form 498 Requirements**

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